

I. Name of Lobbvist(s)

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

Peter Bragdon, Andrew Hosmer, Lucas Mever

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JAN 2[°]8 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

II. Name of lobbyist's partnership, firm or corporation, if any: **Preti Strategies** (Name of partnership, firm or corporation) Concord 03301 **Business Address:** (Street) (Town/City) (State) (Zip Code) (603)410-1588 (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: New Hampshire Medical Society (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 25, 2018 IV. Date of Report July 25, 2018 activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18 Reports cover: October 31, 2018 January 30, 2019 🛛 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: ☐ If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist 1 have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. / January 22, 2019 (Signature of lobby st Lucas Meyer

Peter Bragdon
(Print Name of lobbyist)

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II. Name of lobbyist's par	tnership, firm or corporation, if	any:	DESTRUCTION OF STATE
Preti S	trategies	·	
	partnership, firm or corporation)		1
57 N Main St Business Address: (Street)	Concord (Town/City)	NH (State)	03301 (7in Code)
Dusiness Address. (Street)	(Towns City)	(State)	(Zip Code)
(603) 410-1588	()	e-mail	
(Telephone)	(Fa	ax)	
reportable expense transa	ctions which are not attributable	orts for each client, OR you may five to any one client). to the reporting date relative to the fo	
	New Hampshire Medical Soc	iety	·
OR	Il Name of Client as it appears on the	Lobbyist Registration Form)	
		obbyist's family), or the lobbying firm	m listed below which are
	oril 25, 2018 🔲 om date of registration to 3/31/18	July 25, 2018	,
	tober 31, 2018	January 30, 2019 🛭 activity from 10/1/18 to 12/31/18	
		ole transactions made since the l the Secretary of State's Office, State	
VI. Check if additional re	norts are attached:		
		t file Addendum A- Fees and Exper	ises
☐ If you have paid an hor Expense Reimbursement	norarium or reimbursed expenses,	you must file Addendum B- Report	of Honorariums or
If you, your firm, or yo	ur family has made political contri	ibutions, you must file Addendum C	C-Political Contributions
Sworn Statement/Affirma I have read RSA 15, RSA 1 and complete to the best of	5-B, RSA 14-C and RSA 664 and	hereby swear or affirm that the foreg	going information is true
		January 22, 2019	
(Signature of lobbyist)		(Date)	
(Digitature of 1000 yist)		(Date)	

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Andrew Hosmer

(Print Name of lobbyist)